

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State  
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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Corrections

Department Office of the Secretary

Contact Tameca Williams E-mail Tameca.Williams@arkar Phone 870-267-6345

Statutory Authority for Promulgating Rules A.C.A. 25-43-401

Rule Title: AR 2.2 Best Practices Fund

Intended Effective Date  
(Check One)

Date

- |  |                                       |                  |
|--|---------------------------------------|------------------|
| <input type="checkbox"/> Emergency (ACA 25-15-204)   | Legal Notice Published .....          | <u>5/7/2021</u>  |
| <input type="checkbox"/> 10 Days After Filing (ACA 25-15-204)  | Final Date for Public Comment .....   | <u>6/10/2021</u> |
| <input checked="" type="checkbox"/> Other <u>9/10/2021</u><br>(Must be more than 10 days after filing date.) | Reviewed by Legislative Council ..... | <u>7/23/2021</u> |
|  | Adopted by State Agency .....         | <u>8/24/2021</u> |

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Tameca Williams Tameca.Williams@arkansas.gov 8/25/2021  
Contact Person E-mail Address Date

### CERTIFICATION OF AUTHORIZED OFFICER


I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Lindsay Wallace  
Signature

501-682-5032 Lindsay.Wallace@arkansas.gov  
Phone Number E-mail Address

Chief of Staff \_\_\_\_\_  
Title

8/26/21  
Date

	<b>ADMINISTRATIVE RULE</b> <b>STATE OF ARKANSAS</b> <b>BOARD OF CORRECTIONS</b>	<b>Section Number:</b> <b>DCC AR 2.2</b>	<b>Page Number:</b> <b>1</b>
		<b>Board Approval Date:</b> <b>09/09/11</b>	
		<b>Supersedes:</b> <b>DCC AR 2.2</b>	<b>Dated:</b> <b>9/30/2011</b>
		<b>Reference:</b>	<b>Effective Date:</b> <b>9/10/2021</b>
<b>SUBJECT: Best Practices Fund</b>			

[REPEALED]